



OFFICE USE			OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM	OFFICE USE
Cairn Terrier Club of Canada Regional Specialty August 1, 2015				
I ENCLOSE \$		ENTRY FEES \$		LISTING FEES \$
PLEASE TYPE OR PRINT CLEARLY				
BREED			___ MALE ___ FEMALE	
ENTER IN ONE OF THE FOLLOWING CLASSES:				
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Canadian Bred <input type="checkbox"/> 12-18 months <input type="checkbox"/> Open <input type="checkbox"/> Veteran <input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 mos) <input type="checkbox"/> Brace <input type="checkbox"/> Brood Bitch & Progeny <input type="checkbox"/> Progeny of Brood Bitch <input type="checkbox"/> Stud Dog & Get <input type="checkbox"/> Get of Stud Dog			___ Pre-Paid Catalogue
REG. NAME OF DOG				
CHECK ONE AND ENTER NUMBER HERE			DATE OF BIRTH	
___ CKC REG. NO.	___ CKC ERN NO.	___ / ___ / ___		
___ CKC MISC. CERT. NO.	___ LISTED	Day / Month / Year		
NUMBER:		PLACE OF BIRTH		
		___ CANADA ___ ELSEWHERE		
BREEDER(S)				
SIRE				
DAM				
REG'D OWNER(S)				
OWNER'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				
AGENT'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>				
___ VISA ___ Master Card ___ American Express		EXPIRY ___ / ___		
CARD NO.				
CARDHOLDER NAME (PLEASE PRINT)				
I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.				
SIGNATURE OF OWNER OR AGENT			TELEPHONE NUMBER	
E-MAIL:				

OFFICE USE			OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM	OFFICE USE
Cairn Terrier Club of Canada National Specialty August 2, 2015				
I ENCLOSE \$		ENTRY FEES \$		LISTING FEES \$
PLEASE TYPE OR PRINT CLEARLY				
BREED			___ MALE ___ FEMALE	
ENTER IN ONE OF THE FOLLOWING CLASSES:				
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Canadian Bred <input type="checkbox"/> 12-18 months <input type="checkbox"/> Open <input type="checkbox"/> Veteran <input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 mos) <input type="checkbox"/> Brace <input type="checkbox"/> Brood Bitch & Progeny <input type="checkbox"/> Progeny of Brood Bitch <input type="checkbox"/> Stud Dog & Get <input type="checkbox"/> Get of Stud Dog	Juvenile Sweepstakes <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 12-18 months <input type="checkbox"/> Pre-Paid Catalogue	Veteran Sweepstakes <input type="checkbox"/> 7-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12 years & older	
REG. NAME OF DOG				
CHECK ONE AND ENTER NUMBER HERE			DATE OF BIRTH	
___ CKC REG. NO.	___ CKC ERN NO.	___ / ___ / ___		
___ CKC MISC. CERT. NO.	___ LISTED	Day / Month / Year		
NUMBER:		PLACE OF BIRTH		
		___ CANADA ___ ELSEWHERE		
BREEDER(S)				
SIRE				
DAM				
REG'D OWNER(S)				
OWNER'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				
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___ VISA ___ Master Card ___ American Express		EXPIRY ___ / ___		
CARD NO.				
CARDHOLDER NAME (PLEASE PRINT)				
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SIGNATURE OF OWNER OR AGENT			TELEPHONE NUMBER	
E-MAIL:				